



ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2013  
OF THE CONDITION AND AFFAIRS OF THE

Health Alliance Plan of Michigan

NAIC Group Code	1311	(Current Period)	1311	(Prior Period)	NAIC Company Code	95844	Employer's ID Number	38-2242827
Organized under the Laws of	Michigan				State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States							
Licensed as business type:	Life, Accident & Health [ ]		Property/Casualty [ ]		Hospital, Medical & Dental Service or Indemnity [ ]			
	Dental Service Corporation [ ]		Vision Service Corporation [ ]		Health Maintenance Organization [ X ]			
	Other [ ]		Is HMO, Federally Qualified? Yes [ X ] No [ ]					
Incorporated/Organized	06/27/1978		Commenced Business		02/08/1979			
Statutory Home Office	2850 West Grand Boulevard				Detroit, MI, US 48202			
	(Street and Number)				(City or Town, State, Country and Zip Code)			
Main Administrative Office	2850 West Grand Boulevard							
	Detroit, MI, US 48202				313-872-8100			
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number)			
Mail Address	2850 West Grand Boulevard				Detroit, MI, US 48202			
	(Street and Number or P.O. Box)				(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	2850 West Grand Boulevard							
	(Street and Number)							
	Detroit, MI, US 48202				248-443-1093			
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number) (Extension)			
Internet Web Site Address	www.hap.org							
Statutory Statement Contact	Dianna L Ronan				248-443-1093			
	(Name)				(Area Code) (Telephone Number) (Extension)			
	dronan@hap.org				248-443-8610			
	(E-Mail Address)				(Fax Number)			

OFFICERS

Name	Title	Name	Title
James M Connelly #	President and CEO	Dianna L Ronan #	Treasurer
Edith L Eisenmann #	Secretary	Irita B Matthews	Assistant Secretary

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

Marvin Beatty	Shari Burgess	Sandra A Cavette MPH RDH	James M Connelly #
Colleen M Ezzeddine Ph D #	Lauren Foster CPA	Joyce V Hayes-Giles	Harvey Hollins III #
Jamie C Hsu Ph D	Paul Hughes-Cromwick #	Kirk J Lewis	Jackie Martin
Judith S Milosic #	Susanne M Mitchell #	Marguerite S Rigby	Kim E Schatzel Ph D #
Nancy Schlichting	Michelle B Schreiber #	James G Vella #	Susie M Wells

State of Michigan.....  
County of Wayne.....

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

James M Connelly President and CEO	Dianna L Ronan Treasurer	Edith L Eisenmann Secretary
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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

a. Is this an original filing? Yes [ X ] No [ ]  
b. If no:  
1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

Roderick Irwin Curry, Notary  
August 14 2020

## ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Health Alliance Plan of Michigan

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Health Alliance Plan of Michigan

## EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	4,890,574	4,053,629		4,747,580	4,890,574	3,187,666
2. Claim overpayment receivables .....					.0	
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....	5,839,044			475,549	5,839,044	5,839,044
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....	404,427	184,773	143,236	510,534	547,663	516,378
7. Totals (Lines 1 through 6)	11,134,045	4,238,402	143,236	5,733,663	11,277,281	9,543,088

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

**EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

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## ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Health Alliance Plan of Michigan

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Health Alliance Plan of Michigan

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

NONE



EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....	7,765,855		3,632,266	4,133,589	4,133,589	
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	7,765,855	0	3,632,266	4,133,589	4,133,589	0



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Health Alliance Plan of Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		Health Alliance Plan of Michigan				2. Detroit Michigan		(LOCATION)		
NAIC Group Code	1311	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2013			NAIC Company Code		95844	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	342,264	1,648	280,362				19,493	40,761		
2. First Quarter .....	336,775	1,503	273,615				19,541	42,116		
3. Second Quarter .....	332,726	1,424	269,472				19,381	42,449		
4. Third Quarter .....	331,139	1,401	267,558				19,479	42,701		
5. Current Year	329,298	1,267	265,644				19,418	42,969		
6. Current Year Member Months	3,999,656	17,156	3,239,366				233,437	509,697		
Total Member Ambulatory Encounters for Year:										
7. Physician .....	1,373,741	6,649	1,055,921				69,241	241,930		
8. Non-Physician .....	147,865	626	108,565				6,869	31,805		
9. Total	1,521,606	7,275	1,164,486	0	0	0	76,110	273,735	0	0
10. Hospital Patient Days Incurred	209,588	898	72,437				6,061	130,192		
11. Number of Inpatient Admissions	43,527	134	17,578				1,133	24,682		
12. Health Premiums Written (b).....	1,869,499,280	9,790,331	1,264,684,420				114,314,596	480,709,933		
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,869,499,280	9,790,331	1,264,684,420				114,314,596	480,709,933		
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	1,667,912,356	8,575,808	1,107,796,173				109,194,980	442,345,395		
18. Amount Incurred for Provision of Health Care Services	1,666,104,744	8,559,224	1,105,653,913				108,598,866	443,292,741		

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 480,709,933



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REPORT FOR: 1. CORPORATION		Health Alliance Plan of Michigan				2. Detroit Michigan		(LOCATION)		
NAIC Group Code	1311	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2013			NAIC Company Code		95844	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	342,264	1,648	280,362	0	0	0	19,493	40,761	0	0
2. First Quarter .....	336,775	1,503	273,615	0	0	0	19,541	42,116	0	0
3. Second Quarter .....	332,726	1,424	269,472	0	0	0	19,381	42,449	0	0
4. Third Quarter .....	331,139	1,401	267,558	0	0	0	19,479	42,701	0	0
5. Current Year .....	329,298	1,267	265,644	0	0	0	19,418	42,969	0	0
6. Current Year Member Months .....	3,999,656	17,156	3,239,366	0	0	0	233,437	509,697	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician .....	1,373,741	6,649	1,055,921	0	0	0	69,241	241,930	0	0
8. Non-Physician .....	147,865	626	108,565	0	0	0	6,869	31,805	0	0
9. Total .....	1,521,606	7,275	1,164,486	0	0	0	76,110	273,735	0	0
10. Hospital Patient Days Incurred .....	209,588	898	72,437	0	0	0	6,061	130,192	0	0
11. Number of Inpatient Admissions .....	43,527	134	17,578	0	0	0	1,133	24,682	0	0
12. Health Premiums Written (b) .....	1,869,499,280	9,790,331	1,264,684,420	0	0	0	114,314,596	480,709,933	0	0
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned .....	1,869,499,280	9,790,331	1,264,684,420	0	0	0	114,314,596	480,709,933	0	0
16. Property/Casualty Premiums Earned .....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	1,667,912,356	8,575,808	1,107,796,173	0	0	0	109,194,980	442,345,395	0	0
18. Amount Incurred for Provision of Health Care Services .....	1,666,104,744	8,559,224	1,105,653,913	0	0	0	108,598,866	443,292,741	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 480,709,933

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

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Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

Schedule S - Part 6

Five-Year Exhibit of Reinsurance Ceded Business  
(000 Omitted)

	1 2013	2 2012	3 2011	4 2010	5 2009
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	489	.0	.0	.0	.0
2. Title XVIII-Medicare.....	.0	.0	.0	.0	.0
3. Title XIX-Medicaid.....	.0	.0	.0	.0	.0
4. Commissions and reinsurance expense allowance.....		.0	.0	.0	.0
5. Total hospital and medical expenses.....		.0	.0	.0	.0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....		.0	.0	.0	.0
7. Claims payable.....		.0	.0	.0	.0
8. Reinsurance recoverable on paid losses.....	.0	.0	.0	.0	.0
9. Experience rating refunds due or unpaid.....		.0	.0	.0	.0
10. Commissions and reinsurance expense allowances due.....		.0	.0	.0	.0
11. Unauthorized reinsurance offset.....	.0	.0	.0	.0	.0
12. Offset for reinsurance with Certified Reinsurers.....	.0	.0	.XXX	.XXX	.XXX
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	.0	.0	.0	.0	.0
14. Letters of credit (L).....	.0	.0	.0	.0	.0
15. Trust agreements (T).....	.0	.0	.0	.0	.0
16. Other (O).....	.0	.0	.0	.0	.0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	.0	.0	.XXX	.XXX	.XXX
18. Funds deposited by and withheld from (F).....	.0	.0	.XXX	.XXX	.XXX
19. Letters of credit (L).....	.0	.0	.XXX	.XXX	.XXX
20. Trust agreements (T).....	.0	.0	.XXX	.XXX	.XXX
21. Other (O).....	.0	.0	.XXX	.XXX	.XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	395,845,744		395,845,744
2. Accident and health premiums due and unpaid (Line 15).....	46,547,800		46,547,800
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	14,284,901		14,284,901
6. Total assets (Line 28)	456,678,445	0	456,678,445
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	133,653,086	0	133,653,086
8. Accrued medical incentive pool and bonus payments (Line 2).....	1,500,000		1,500,000
9. Premiums received in advance (Line 8).....	6,730,165		6,730,165
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	104,571,285		104,571,285
15. Total liabilities (Line 24).....	246,454,536	0	246,454,536
16. Total capital and surplus (Line 33).....	210,223,909	XXX	210,223,909
17. Total liabilities, capital and surplus (Line 34)	456,678,445	0	456,678,445
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	0		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	0		



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Health Alliance Plan of Michigan

SCHEDULE T – PART 2  
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama .....	AL .....						.0
2. Alaska .....	AK .....						.0
3. Arizona .....	AZ .....						.0
4. Arkansas .....	AR .....						.0
5. California .....	CA .....						.0
6. Colorado .....	CO .....						.0
7. Connecticut .....	CT .....						.0
8. Delaware .....	DE .....						.0
9. District of Columbia .....	DC .....						.0
10. Florida .....	FL .....						.0
11. Georgia .....	GA .....						.0
12. Hawaii .....	HI .....						.0
13. Idaho .....	ID .....						.0
14. Illinois .....	IL .....						.0
15. Indiana .....	IN .....						.0
16. Iowa .....	IA .....						.0
17. Kansas .....	KS .....						.0
18. Kentucky .....	KY .....						.0
19. Louisiana .....	LA .....						.0
20. Maine .....	ME .....						.0
21. Maryland .....	MD .....						.0
22. Massachusetts .....	MA .....						.0
23. Michigan .....	MI .....						.0
24. Minnesota .....	MN .....						.0
25. Mississippi .....	MS .....						.0
26. Missouri .....	MO .....						.0
27. Montana .....	MT .....						.0
28. Nebraska .....	NE .....						.0
29. Nevada .....	NV .....						.0
30. New Hampshire .....	NH .....						.0
31. New Jersey .....	NJ .....						.0
32. New Mexico .....	NM .....						.0
33. New York .....	NY .....						.0
34. North Carolina .....	NC .....						.0
35. North Dakota .....	ND .....						.0
36. Ohio .....	OH .....						.0
37. Oklahoma .....	OK .....						.0
38. Oregon .....	OR .....						.0
39. Pennsylvania .....	PA .....						.0
40. Rhode Island .....	RI .....						.0
41. South Carolina .....	SC .....						.0
42. South Dakota .....	SD .....						.0
43. Tennessee .....	TN .....						.0
44. Texas .....	TX .....						.0
45. Utah .....	UT .....						.0
46. Vermont .....	VT .....						.0
47. Virginia .....	VA .....						.0
48. Washington .....	WA .....						.0
49. West Virginia .....	WV .....						.0
50. Wisconsin .....	WI .....						.0
51. Wyoming .....	WY .....						.0
52. American Samoa .....	AS .....						.0
53. Guam .....	GU .....						.0
54. Puerto Rico .....	PR .....						.0
55. US Virgin Islands .....	VI .....						.0
56. Northern Mariana Islands .....	MP .....						.0
57. Canada .....	CAN .....						.0
58. Aggregate Other Alien .....	OT .....						.0
59. Totals		0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Health Alliance Plan of Michigan

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01311	Henry Ford Health Systems Group	95844	38-2242827				Health Alliance Plan of Michigan	MI	RE	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		38-2513504				HAP Preferred Inc		DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	0
01311	Henry Ford Health Systems Group	60134	38-3291563				Alliance Health and Life Insurance Company	MI	DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		38-2651185				Administration System Research Corporation		DS	Health Alliance Plan of Michigan	Ownership	66.7	Henry Ford Health System	0
	Henry Ford Health Systems Group		27-0449055				HAP Community Alliance		DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	0
01311	Henry Ford Health Systems Group	95814	38-3123777				Midwest Health Plan, Inc	MI	DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		38-1357020				Henry Ford Health System		UDP			0.0		0
	Henry Ford Health Systems Group		38-2791823				Henry Ford Wyandotte		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		38-2594841				First Optometry Vision Plans, Inc		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		38-2947657				Henry Ford Macomb Hospital		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		38-3146042				PHO of Mercy Macomb		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		38-2679527				Horizon Properties Inc		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		38-2947657				Mercy Mt. Clemens Real Estate, LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		38-2565235				Fairlane Health Services Corp		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		38-1210726				Neighborhood Development LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		45-3852852				Henry Ford Health System Employment, LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		90-0840304				Henry Ford Innovation Institute		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		38-2433285				Henry Ford Continuing Care Corp		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		38-6553031				Henry Ford Health Care Corp		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		23-7383042				Self Funded Liability Plan			Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		32-0306774				Henry Ford Health System Foundation		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		38-3232668				Henry Ford Physician Network		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	0
	Henry Ford Health Systems Group						Northwest Detroit Dialysis		NIA	Henry Ford Health System	Ownership	56.3	Henry Ford Health System	0
	Henry Ford Health Systems Group						Home Dialysis Specialty Center		NIA	Henry Ford Health System	Ownership	35.0	Henry Ford Health System	0
	Henry Ford Health Systems Group		26-0423581				Macomb Regional Dialysis		NIA	Henry Ford Health System	Ownership	60.0	Henry Ford Health System	0

## 41.1

## 41.1

## 41.1

## 41.1

## 41.1

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## 42

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

AUGUST FILING

10.

Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

11.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
12.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
13.

Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
14.

Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....NO.....
15.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
16.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
17.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....SEE EXPLANATION.....
18.

Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

.....SEE EXPLANATION.....
19.

Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

.....SEE EXPLANATION.....
20.

Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?

.....SEE EXPLANATION.....

APRIL FILING

21.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
22.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
23.

Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?

.....NO.....
24.

Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

.....YES.....
25.

Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

.....YES.....

AUGUST FILING

26.

Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

.....YES.....

Explanation:

11.

Business not written
12.

Business not written
13.

Business not written
14.

Health Alliance Plan is not a stock company
15.

Business not written
16.

Business not written
17.

Health Alliance Plan offers Medicare Part D through a Medicare Advantage plan.
18.

Not applicable
19.

Not applicable
20.

Not applicable

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. Business not written

22. Business not written

23. Business not written

Bar code:

11.

  
9 5 8 4 4 2 0 1 3 3 6 0 5 9 0 0 0

12.

  
9 5 8 4 4 2 0 1 3 2 0 5 0 0 0 0 0

13.

  
9 5 8 4 4 2 0 1 3 2 0 7 0 0 0 0 0

14.

  
9 5 8 4 4 2 0 1 3 4 2 0 0 0 0 0 0

15.

  
9 5 8 4 4 2 0 1 3 3 7 1 0 0 0 0 0

16.

  
9 5 8 4 4 2 0 1 3 3 7 0 0 0 0 0 0

21.

  
9 5 8 4 4 2 0 1 3 3 0 6 0 0 0 0 0

22.

  
9 5 8 4 4 2 0 1 3 2 1 1 5 9 0 0 0

23.

  
9 5 8 4 4 2 0 1 3 2 1 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M003 Additional Aggregate Lines for Page 03 Line 23.  
\*LIAB - Liabilities

	1 Covered	2 Uncovered	3 Total	4 Total
2304. Liability for CMS Coverage Gap Discount Program.....	1,143,067		1,143,067	993,865
2305. ....			0	0
2397. Summary of remaining write-ins for Line 23 from Page 03	1,143,067	0	1,143,067	993,865

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